



MONTAGUE HEALTH DEPARTMENT

ONE AVENUE A • TURNERS FALLS, MA 01376

TELEPHONE 413-863-3200 EXT 205 • FAX 413-863-3225

GINA MCNEELY, R.S.
DIRECTOR OF PUBLIC HEALTH

FEE: Call the Board of Health Office
at (413) 863-3200 ext. 205

TEMPORARY FOOD PERMIT APPLICATION

DUE 14 DAYS BEFORE EVENT – NO EXCEPTIONS

No home prepared foods shall be sold at any temporary food establishment

Name of Event / Location: _____

Establishment Name: _____

Owner Name: _____

Owner Complete Address: _____

Owner Phone #: _____

Date(s) of Event/Hours of Operation _____

1. Before completing this application please read **"Food Safety at Temporary Events and the Temporary Food Establishment"** and the **"Are You Ready ?"** checklist. (BOTH ARE ENCLOSED)

Have you read this material and do you understand this material? (Circle one) **YES** **NO**

2. Menu: List all items you intend to serve. Any changes must be submitted and approved by the Board of Health at least 5 days prior to the event.

3. Will all foods be **prepared** at the temporary food establishment booth?

YES 1. Fill out **Section B** below.

NO 2. Fill out both **A and B** below

Include dates and times of food preparation and attach a copy of the BASE OF OPERATIONS food permit.

3. List each food item prepared, and for each item **check which preparation procedure will occur.**

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SECTION A: At the base of operations (approved kitchen):

DATE / TIME	FOOD ITEM	THAW	CUT/ ASSEMBLE	COOK	COLD HOLDING	REHEAT	HOT HOLDING

SECTION B: At the booth:

FOOD ITEM	THAW	CUT/ ASSEMBLE	COOK	COLD HOLDING	REHEAT	HOT HOLDING

Note: If your food preparation procedures cannot fit into the above tables, please list all of the steps in preparing each menu item on an attached sheet.

5. Food source(s): list food suppliers: _____

Source and storage of water/ice: _____

Storage and disposal of wastewater: _____

Storage and disposal of trash: _____

**Means for Handwashing: MUST HAVE RUNNING HOT WATER, SOAP AND PAPER TOWELS
(MAY USE INSULATED URN WITH SPIGOT AND HEATED WATER)**

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6. Draw a sketch of the booth below.

A full-page sheet of white graph paper featuring a uniform grid of thin black horizontal and vertical lines. The grid covers the entire area of the page, providing a template for drawing or writing.

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Article X and the above described establishment will be operated and maintained in accordance with the regulations.

- **Application fee is nonrefundable**
- **Fee due with application**

NO PERMIT WILL BE ISSUED UNLESS A COPY OF YOUR FOOD MANAGER TRAINING CERTIFICATE ACCOMPANIES THE APPLICATION. THE TRAINING MUST BE ONE THAT IS RECOGNIZED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.

Applicant's Signature _____

Date _____

Office use Only: PERMIT # _____ Date Issued: _____ Date Expires: _____

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